

NATIONAL PUBLIC HEALTH PROGRAMME

ACTION PLAN 2004

Budapest, March 2004

Introduction

The rationale for this Programme is the recognition by the Government and Parliament of a public demand for a radical change in the unfavourable public health processes of past decades, and the setting of the target of improving life expectancy at birth for Hungarians so as to mainstreaming it to the average for the European Union. The Government is fully aware that a tangible improvement in the population's state of health will require a longer period of time, covering several terms of government, and has guaranteed continuity through a Parliamentary resolution that rests on consensus.

The health status of the Hungarian population is quite poor by international comparison, and is also significantly below the level that the country's general socio-economic development would allow. The poor health of Hungarians is the outcome of a complex web of historical, social, economic, and cultural factors, but the immediate and defining determinants are lifestyle and environment. The newly defined Programme offers a comprehensive and forward-looking professional framework to help choose and implement priorities, and mobilise resources and communities to promote health, while at the same time taking account of European Union directives and international guidelines. From the Government's perspective, health promotion and improvement are productive investments, which are essential elements of the country's socio-economic development and absolutely require intersectoral cooperation for implementation.

Improvements in the health status often depend on processes that are not directly linked to health. They include, for example, the economic growth of the past decade, improvements in living conditions, and a decline in unemployment, factors that when combined could easily have contributed to the slow improvement in domestic mortality statistics in recent years. The health status of the population is not primarily dependent on the level of the healthcare system. Our health is determined principally by our day-to-day decisions, our immediate environment, our families, schools, workplaces, and the places where we live. Despite this, the health administration must assume a leading role in designing and implementing the Programme. Support to interdepartmental actions and to initiatives by local governments and local initiatives will lay the groundwork for effective intersectoral cooperation. Intersectoral cooperation will extend to local governments, public institutions, the private sector, the NGO sector, and the media through the various sub-Programmes.

We have begun to evolve health impact assessment as part of the Programme to evaluate the effects on population health of various political decisions and socio-economic changes, with particular respect to the variations and disparities in the situation of different population groups.

Actions planned for 2004 cover the following areas:

- ☐ Healthy lifestyle and environment
- ☐ Preventing illness and reducing the burdens of disease
- ☐ Settings programmes
- ☐ Improving human resources for the Public Health Programme
- ☐ Monitoring the Public Health Programme
- ☐ Communicating the Public Health Programme

Healthy lifestyle and environment

Tobacco control

Reducing cigarette smoking is still a key prevention effort in 2004. Preventing young people from getting into the habit of smoking is a top priority but helping people already addicted to smoking to quit is also an ongoing effort. We will be meeting a long-standing professional demand by designing a national tobacco control policy this year. It will include all possible smoking prevention strategies and ways of applying them in Hungary, and will define possible ways of turning the aforementioned prevention strategies into laws.

We will investigate additional legislative opportunities in conformity with European Union practices, including:

- introducing a product fee (tax) on all forms of tobacco, at 1% of the retail price,
- introducing new restrictions on tobacco advertising,
- introducing photographs and/or other illustrations on the packaging of tobacco products containing health warnings and messages,
- publishing data and other information on the composition of tobacco products,
- banning the distribution of cigarette packs containing fewer than 20 cigarettes,
- keeping the consumer price of the tobacco for home-rolled cigarettes at or above the level of manufactured filter cigarettes.

The goal is to familiarise the future beneficiaries with the product fee (tax) on tobacco products (the advertising profession, press and electronic media, event organisers, sports professionals, youth programme organisers, health promotion professionals, and health conscious portion of the public). It will be described that the allocation of the product fee money for communication and sponsoring activities will directly offer significant funding for the advertising industry and the media, while demonstrating the government's commitment to health promotion, particularly to protecting the health of children and adolescents.

We want to see the subject of cigarette smoking broached at every family practitioner-patient encounter in primary health care. We want doctors to ask all patients, and paediatricians to ask all parents accompanying their children if they smoke. We want detailed histories of cigarette smoking recorded. We expect primary health care physicians to recommend that their patients quit smoking and support them should they choose to do so. Family practitioners, family paediatricians, and dentists should all be aware of the existence of smoking cessation clinics and should be ready to refer persons wishing to quit to a smoking cessation clinic located where the persons concerned live or work. This year, the action will focus on expanding this type of training for family practitioners and family paediatricians.

For people who want to quit smoking, we will advance the healthcare network that already offers high-level smoking cessation services and improve geographical distribution and institutional accessibility. A population information website and a local-call-free national phone line ('blue number') will be set up and kept running in order to inform the interested public about quitting and the accessibility of smoking cessation services.

Healthy nutrition

The professional framework for this sub-project is the development of a forward-looking national nutrition policy, which covers the programme, guidelines, strategies, monitoring and outcomes analysis (including production of the raw materials for foods, through food manufacturing and commerce, mass catering services and cooking at home up to the table) for expanding concepts of healthy nutrition to the entire population. This is an ongoing multi-decade sub-project and will define the population's healthy eating habits and nutritional health as shown by the practices of other countries (Norway, Malta).

In order to prevent nutrition-related diseases, it will be necessary to provide Programme participants with target-oriented blocks of information that would empower them to recognise and transform poor nutritional habits and (transfer of cognitive information). Our programmes are intended to operate in both theory and practice to prompt a change in outlook regarding lifestyles and attitudes towards health culture.

The goal is to disseminate information about correct nutrition (and physical exercise) among the broadest possible segment of the public along with food safety information. Furthermore, the intention is to offer appropriate basic information to everyone involved professionally with transferring information on healthy nutrition and food safety and everyone working with the food chain (teachers, health visitors, physicians, NGOs, nutritional managers and public meal providers).

The goal is to transform poor nutritional habits and popularise up-to-date dietary habits as part of comprehensive information on healthy lifestyles. To boost the effectiveness of the information, the intention is to cooperate with the food trades in connecting information-transfer campaigns with food-promotion campaigns.

It is planned to offer targeted training for people working in the provision of canteen meals in Ministry of Interior services, to teach them up-to-date nutrition and methods of food preparation.

We are offering interactive nutritional counselling through the Internet, which will identify conditions that are risks for cardiovascular health via a questionnaire, estimate the risk, and offer individualised tailor-made nutritional advice online.

We intend to officially publish and extensively disseminate the National Food Safety Programme designed in 2003 among professionals and decision-makers. We plan to initiate food safety action plans in a sectoral breakdown, covering the various ministries, institutions, social organisations and NGOs involved with food safety.

We plan to provide continuing education in the latest achievements of nutritional science and food safety among professionals in charge of public meal provision and mass catering. We will be prioritising implementation of healthy nutrition guidelines in public meal provision within these training sessions.

Alcohol and drug prevention

If alcohol dependence is to be prevented, it is essential to have a national alcohol control policy, which we will develop this year. The national policy will include every possible strategy that can be used to prevent excessive consumption of alcohol and opportunities for applying them in Hungary.

Capitalising on prior experience, we are continuing workplace alcohol prevention programmes with the inclusion of the occupational health services.

We are continuing to advance the initiation of early treatment of alcohol dependent patients in primary health care. The basis for this is to trace and identify those who have become ill or been injured in relation to alcohol consumption, to organise that they be taken into continuing care, within the entire scope of specialised healthcare services, furthermore, to establish contact with local health services and ensure follow-up.

In both the workplace and primary care, NGOs working with recovered alcoholics are a great help despite their funding shortages, as are self-help groups for drug abusers. We support the operations of both. The Programme also supports the effective operation of the National Drug Information Focal Point.

Early intervention and treatment motivation is the method recommended by WHO and other international organisations. For this, it is essential to increase and improve outpatient drug clinics and inpatient drug rehabilitation institutions. The Ministry of Children, Youth, and Sports Affairs is providing extra funding to the Ministry of Health, Social and Family Affairs to improve and increase outpatient and inpatient drug treatment facilities and to eliminate the shortage of outpatient facilities in particular. The Ministry of Children, Youth, and Sports plans to improve access to treatment for substance abuse/dependence by opening three outpatient drug clinics outside of Budapest, and one in Budapest. We also intend to advance comprehensive healthcare services for substance abuse/dependence, to include HIV, hepatitis, and tuberculosis screening, and to offer low-threshold social services.

Corrections and reform facilities need to develop treatment programmes and special sections for alcohol and/or drug abuser minors and young adults who are incarcerated or under supervision by a probation officer. These treatment programmes must also be offered once these people are released. Projects in the field of drug control that are connected to the Crime Prevention Strategy and the Public Health Programme will be advertised. Here the Ministry of Justice will make the proposals to the Interdepartmental Drug Coordination Committee. Probation services, police, family assistance, and family support services need to cooperate to sound the alarm when there are risks of deviant behaviour and to offer early psychosocial intervention. Methods to reduce drug-induced psychosocial problems need to be designed.

It is important to offer training and continuing education for specialists working in drug prevention and with drug abusers, furthermore to support training for peer groups and at-risk social strata.

It is necessary to evolve cooperation suited to the interdisciplinary nature of the field, allowing psychologists, psychiatrists, health promotion experts, mental health professionals, social workers, clergy, and peer assistants to work together successfully.

We will continue to offer accreditation to specialist training systems.

The Ministry of Defence is continuing its epidemiological research into cigarette smoking and alcohol and drug consumption. The Hungarian Armed Forces maintains a Telephone Advisory Service and organises special sensitising programmes for professional staff focused on the prevention of substance abuse and the early recognition of drug use.

The goal is to continue implementing the tasks defined in the armed forces' drug strategy with coordination by the Hungarian Armed Forces Drug Prevention Commission.

Environment and health programmes

We expect the environment and health ministers of over 50 countries to visit Hungary in June. In parallel with the conference of ministers a 'Healthy Planet Forum' will be held which is a meeting of the NGOs working for European environmental and health protection. It will supplement the meeting of ministers as a diverse public event. The goal of the conference is to analyse development since the first conference in 1989. This includes looking at advances in environmental health policy, planning and legislation, and prior consideration of these factors on various levels of project planning and implementation. Top environmental health issues it will focus on include the residential environment in general, and respiratory hazards resulting from the residential environment, from energy sources, and from transportation. It also will adopt a Children's Environment and Health Action Plan for Europe (CEHAPE).

The National Environment and Health Programme of Action as part of the National Environment Programme is intended to focus on implementing these actions. Earlier resources are being expanded and European Union accession funds are being included so that creation of a healthy environment becomes a realistic goal. The main thrusts of the action coincide with international pledges and with providing the conditions for sustainable development.

The deterioration of sprayed asbestos insulation used in domestic buildings, and the demolition and reconstruction of these buildings carry a potential health risk to people (residents) in them. We would like to complete a nationwide survey of buildings with asbestos insulation to enable us to design the scheduling of nationwide asbestos removal. That will enable us to remove asbestos controlled by measurements of air quality that are compliant with the relevant requirements.

We are introducing a ragweed forecast in several highly polluted parts of the country and are publishing a pollen forecast within our weather reports from July to October to assist in reducing allergy symptoms and promoting the pre-medication of allergy sufferers.

In decision 126/2003 (XI.21.) OGY, Parliament resolved to adopt a report from an Ad Hoc Committee on 'A Ragweed-free Hungary', and government measures involving defence against biological allergens. The parliamentary resolution assigns coordination of task implementation to an Interdepartmental Committee.

The amount of unused medicinal products collected in the homes is uncertain, and no measures have been taken to ascertain its fate. Most of it ends up in the garbage as household rubbish. The overall amount is several thousand tons a year, which, as hazardous waste,

poisons the human environment. Through intensive and continuous communication with the public, it becomes possible to convince people not to purchase medicinal products not prescribed by their physicians, and not to buy more of that than their doctors consider necessary to treat their disorders. The information campaign can teach the entire nation about the hazards of using medicinal products that have expired as well as the dangers of throwing it into the trash. It also can tell them where they can safely dispose of leftover medicinal products. This can cut back on the unnecessary consumption of medicines and, in the final analysis, significantly reduce pollution by medicinal products as hazardous waste.

Preventing illness and reducing the burdens of disease

Screening and continuing care for hypertension and diabetes

We have designed a pilot programme within which we are elaborating and introducing uniform principles of screening for hypertension and diabetes to family practices.

Restrictions on carbohydrate intake will particularly affect diabetes. There are about 500,000-600,000 Hungarians with this disorder. In 2000, the Cereal Research Non-Profit Company (GKKHT) began an R&D Programme resulting in special diabetic flour mixtures that have been patented. There is high demand for developing and manufacturing household diabetic white flour mixtures that are completely unknown in Hungary and the European Union alike.

In an effort to prevent cardiovascular disorders among young adults, we have introduced a prevention programme among children and adolescents whose parents suffered myocardial infarctions before the age of 45 and among youngsters whose families have had several MI occurrences (both parents, or one parent and a parental sibling). This programme has been in place since 2002 with support from the Ministry of Health, Social and Family Affairs. This year the goal is to establish a sustainable model. Screenings are being organised and conducted, treatment is being designed and implemented and family club programmes are being organised as part of this action.

Reducing morbidity due to locomotor diseases

This year, we are continuing to develop an arthritis centre network established last year, in line with a unified staff and equipment requirements. We are also designing a system of appropriate patient referral to these centres.

National Rheumatology Days are being organised in spring 2004. The goal here is to expand the public's knowledge of arthritic and rheumatic disorders, and of how exercise and appropriate nutrition can help prevent them. The National Institute of Rheumatology and Physical Therapy organised the experimental programme in 2002 with great success, attended by several thousand people. This spring, single-day events to offer information through patient education lectures and demonstrations of exercise therapy combined with individual counselling are being held in 19 counties and Budapest, all based on a central core plan.

This year, we are continuing the 'Don't Break It!' Programme. It is focused on people who have already suffered osteoporotic fractures, in other words, on high-risk individuals, who we

are trying to steer into the osteoporosis centre network by offering them pharmacy information.

Preventing HIV/AIDS

The National Public Health and Medical Officers' Service (ÁNTSZ) has an anonymous HIV screening facility, to which we are attaching an anonymous AIDS counselling service. The goal is to provide information to persons being screened on opportunities for treatment and necessary alterations in lifestyle, along with emotional support.

One key task for this year is to help members in communities where there is a high risk of HIV infection to recognise the risk and reduce it, and to evolve behavioural norms that help to cut that risk. Most newly diagnosed HIV infections are still among members of the gay community although in recent years there has been a rise in heterosexual infections. International and domestic examples have shown that preventive programmes, if offered at the appropriate time and in an effective manner, can significantly reduce the incidence of HIV infections. Sadly, partly because of a decline in active prevention campaigns in recent years, and partly despite the fact that the outcome of HIV/AIDS can be influenced significantly by medical treatment, there has been an increase in HIV infections among the international as well as the domestic Hungarian gay communities. Effective programmes aimed at prevention can be expected to lead to a drop in new infections and to diagnosis of existing but latent infections which have not been recognised as yet.

Our goal is to continuously support the Anonymous AIDS Counselling Service Association, to design and offer informative materials on how to reduce the risk of infection, to offer quick HIV tests, and to provide laboratory facilities on the basis of a detailed programme plan and budget.

Cancer screening programme

We will be continuing with mammography that we have already begun, and will evaluate earlier results and draw theoretical and practical conclusions in parallel. We plan to devote a significant amount of attention to monitoring existing screening facilities from the point of view of technological sufficiency and degree of access.

We began cervical cancer screening on population-wide level last year and plan to continue it in 2004, providing the conditions for the screening operations on a continuous basis. We would like to remedy the problems we have discovered since the system got underway. One main task is a substantial improvement in population participation (compliance), which we intend to obtain through targeted communication.

The Colon Screening Work Group began operations last year, and as a result, we are ready to begin screening sections of the public this year. (This means we will designate certain areas as areas including clinical laboratories, and endoscopy laboratories, prepare the family physician service, and begin a communication campaign limited to the pilot area.)

With respect to the cancer screening programme a definite goal is to make the screening facilities accessible to persons with locomotor, vision, hearing or mental disabilities. If the

screening facilities are not handicapped accessible yet — Act 26 of 1998 set the deadline for removing barriers as December 31, 2004 — the existing screening facilities will have to remedy that when monitored, to prevent the exclusion of people with disabilities.

When establishing a mobile mammography screening bus (a mobile screening station), particular attention needs to go to choosing an appropriate bus - through a public procurement process - where one prerequisite must be disabled access (low floors, lift, or other method).

Improving the health of the elderly

Within the framework of a 'Senior-friendly housing' pilot programme (to remove barriers and ensure disabled access) begun in 2003, 30 homes in Budapest and 30 in Debrecen in which residents are over the age of 75, will be redesigned. The programme involves four types of housing (prefab, single-family, rural, and urban multi-story). The programme will involve an exploration of needs and interviews to determine satisfaction with results. Phase three of the programme will involve designing the technological norms for 'senior-friendly housing' together with financing techniques.

Programmes aimed at the elderly include disseminating innovative healthcare methods in geriatric outpatient facilities and day-care programmes. As an offshoot of the basic principles of the Government National Elderly Affairs Programme of Action, we will model, test, and introduce healthcare services tailor-made to meet demands and needs of the elderly, and are accessible to them from their own homes. The goal is to avoid the harmful consequences of hospitalisation.

By supporting research on activeness in old age, we would like to introduce arrangements that currently exist but are not well known or widely accepted, although they are typical of an active and deserving old age (open universities, sports, voluntary work, use of IT). Support will come from other line ministries and national agencies, which provide joint financing.

We will continue to organise scientific, information dissemination, and further training conferences on the subject of old age this year. The main objective is to offer the broadest possible groups of society, including decision-makers and the senior citizens targeted, the most extensive possible information on the employment of senior citizens, the structure of their leisure activity, and the demands of the different age groups that make up the generation.

Settings programmes

Our goal is to use competitive grants to support health improvement initiatives on the community level that encourage the promotion of health and improvement of quality of life for the local population.

Among the sub-regional development programme tasks that the Prime Minister's Office plans to pay special attention to in 2004, similarly to earlier years, is the Veresegyháza Lifestyle Programme and its development and advance as a pilot sub-regional programme.

It is important to reduce or eliminate factors that put the environment and health at risk in colonies or in quasi-colony residential environments. This includes major cleanups and rodent

exterminations in colonies or in quasi-colony residential environments, the collection and removal of waste abandoned in or around the settlement, the evolvement of surface water conduit systems (ditches, drains, etc.), the restoration of roads and sidewalks, and the use of areas thus freed up for communal purposes such as recreation parks.

In keeping with a 2003 decision taken by the Interdepartmental Public Health Committee, we will begin preparations in four sub-regions to introduce school health promotion normative amounts in the 2004/2005 academic year.

We will take advantage of experience with international and domestic education programmes and this year we will establish an interactive education model adapted to Hungary, through which schoolteachers may successfully shape student opinions and attitudes regarding sex, HIV/AIDS prevention, and cigarette smoking.

In keeping with traditions begun in past years, we will continue shaping the outlooks of pre-schoolers in an age-appropriate manner through appropriate programmes to help them evolve the ability to protect themselves from becoming passive smokers. The action may alter the smoking habits of pre-school teachers working with the children and may cut the number of parents who smoke in the presence of their children in rooms that do not have proper ventilation.

We will continue expanding the 'Health Promoting Workplace' Programme this year, through involving a growing circle of participants. Within this framework, we will issue a new contest for the title and hold a conference where we will present the winning programmes as well as the prizes.

Improving our health status and within that, boosting health-conscious behaviour in the workplace is a strategic goal supported by all levels of labour safety. Keeping this task in mind the Hungarian Labour and Labour Safety Inspectorate (OMMF) will focus on designing legislation and legislative amendments.

An amendment to Act 93 of 1993 on labour safety is currently before parliament, which puts great emphasis on workplace health. In order to clarify the tasks related to workplace health, the amended bill uses the terminology of the Health Act and breaks down the area of workplace health into two components, labour hygiene and occupational health. The proposal includes labour health activity as a skilled activity.

In accordance with parliamentary rulings, the Ministry of the Interior is involved in promoting the implementation of local government programmes.

It should be stressed that the 2004 Budget Act has allocated significant resources to promote the establishment of multipurpose sub-regional local government associations within the framework of the programme to update public administration services. These resources can make a significant contribution to implementing the targets of the Johan Béla National Programme and to executing the planned measures.

An important part of the Johan Béla National Programme is a section called 'Housing and Social Integration Programme' initiated by the state secretary responsible for Roma issues within the Prime Minister's Office and the Roma Integration Directorate of the Government Bureau for Equal Opportunities. It is intended to prevent, manage and halt the reproduction of social exclusion.

The main target of the programme is to improve the living conditions and social mobility of marginalised groups that live in social exclusion and to design and implement projects to assist their lasting integration. It also contains supplementary social welfare components.

The entire housing programme rests on the concept of social integration and includes the areas of education, employment, health, welfare, and family protection.

In the areas of healthcare and welfare, a programme component provides access to healthcare and welfare services to promote the social integration of families affected by the housing programme. It promotes cooperation with the healthcare and welfare systems. It offers community development programmes to help the people involved in the programme to learn ways to advocate for their interests and the advocacy methods to use. The programme teaches local decision-makers and their partners how to conduct prejudice-free communications, to evolve consensus and to take decisions that are necessary on the individual levels. In addition to working for long-term social mobility, it pays special attention to individual, family, and community relations, and supports the maintenance and nurturing of cultural traditions. The primary healthcare and welfare services connected to the community-level local governments handle the coordination effort of the social integration programme that assures access to healthcare and welfare facilities and improves housing conditions. They do this in cooperation with local Gypsy authorities, Roma NGOs, and Roma community centres. Specialists among the cooperating partners are given special training as part of the effort to prepare for these tasks.

Developing the human resources for the Public Health Programme

A key component to successful implementation of the Johan Béla National Programme is support for a system based on a firm foundation of postgraduate public health training of international standards offered in Hungary. Above and beyond that, within the sectors of higher education of key importance (government administration, teacher training, and higher level education in health) we would like students to learn the theoretical and practical foundations of health improvement.

Monitoring the Public Health Programme

The reliability of data on the general health status and information on any changes in health status and the determinants of health are prerequisites for monitoring and evaluating the Programme. In accordance with international recommendations, we fitted the system of Programme monitoring into the system of national health monitoring. The Programme has ensured an existing institutional base and institutional conditions, but it will be necessary to expand the infrastructure and the personnel capacity in the future.

Health surveys, in particular the National Population Health Survey and the Health Behaviour in School Children (HBSC) survey, are parts of the monitoring task. The initial data for the Johan Béla National Programme were collected in 2003, but the analyses and publication of the findings will take place in 2004.

One key monitoring element is to design and operate a method suitable for following Programme progress and fulfilment. This includes maintaining a liaison with winning bidders while monitoring Public Health Programme bids, and continuously following up on the results.

In keeping with future annual practices, we plan to issue a Public Health Report for 2004, which will give us a comprehensive picture of public health in Hungary. Parallel to preparing the 2004 report, we will begin operations to prepare a Public Health Report for 2005.

Communication of the Public Health Programme

Ongoing communication of information and results is an organic part of the Programme. The utmost goal of the Johan Béla National Programme is that every Hungarian live in the healthiest possible way. In a ten-year perspective it would like this to be manifest in a three-year longer life expectancy at birth for both genders.

The Johan Béla National Programme will have a constant presence in the media on World Health Day and at other Programmes. It will do this through its role of communicating various activities through publications, programmes, and media relations. The programmes it will deal with include cancer screening, screening and treatment for hypertension and diabetes, school health promotion programmes, community health promotion programmes, and environmental health programmes. It is planned to hold two major media campaigns in 2004. One will focus on smoking prevention (using funding left over from last year) and one will involve parenting education and HIV/AIDS prevention. The Heart Healthy Nutrition Project also belongs here.

It is essential to open a Johan Béla National Programme website for the public this year, aimed at offering information to a broad sector of the population and unconditional support to the Programme's other communication tools.

Checking Internet sites focused on healthcare and public health from a professional point of view is a major challenge of today. This is one reason why it is important to properly design the professional content of a public health website in a manner appropriate to keeping a high level of interest while offering information conforming to the latest professional guidelines to interested parties.